



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Elite Healthcare Fort Worth

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-16-0174-01

Carrier's Austin Representative

Box Number 54

MFDR Date Received

September 21, 2015

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Treating provider has outlined key components regarding patient's visits with him."

Amount in Dispute: \$349.86

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "...ELITE HEALTHCARE FORT WORTH provided services to the claimant on date 7/23/14..."

One year from disputed date 7/23/14 is 7/23/15. The TDI/DWC date stamp lists the received date as 9/21/15 on the requestor's DWC-60 packet, a date greater than one year from 7/23/14...

ELITE HEALTHCARE FORT WORTH billed code 99214 for date 3/16/15. Review of the E&M documentation shows the History and Examination to be problem focused. To warrant use of code 99214 2, 2 of 3 criteria are required- a Detailed History, a Detailed Examination, and Moderate complexity medical decision making. Because two of the criteria are not substantiated, no payment is due for the code."

Response Submitted by: Texas Mutual Insurance Company

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
July 23, 2014 & March 16, 2015	Evaluation & Management (99214) Work Status Report (99080)	\$349.86	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.

2. 28 Texas Administrative Code §134.203 sets out the fee guidelines for professional medical services.
3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
For date of service July 23, 2014:
 - CAC-P12 – Workers’ compensation jurisdictional fee schedule adjustment.
 - CAC-150 – Payer deems the information submitted does not support this level of service.
 - 248 – DWC-73 in excess of the filing requirements; no change in work status and/or restrictions; reimbursement denied per rule 129.5
 - 890 – Denied per AMA CPT Code description for level of service and/or nature of presenting problems.
 - CAC-193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
 - 891 – No additional payment after reconsideration.For date of service March 16, 2015
 - CAC-150 – Payer deems the information submitted does not support this level of service.
 - 890 – Denied per AMA CPT Code description for level of service and/or nature of presenting problems.
 - CAC-193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
 - 891 – No additional payment after reconsideration.

Issues

1. Did the requestor waive the right to medical fee dispute resolution for date of service July 23, 2014?
2. Are the insurance carrier’s reasons for denial of payment for date of service March 16, 2015 supported?

Findings

1. 28 Texas Administrative Code §133.307(c)(1) states:

Timeliness. A requestor shall timely file the request with the division's MFDR Section or waive the right to MFDR. The division shall deem a request to be filed on the date the MFDR Section receives the request. A decision by the MFDR Section that a request was not timely filed is not a dismissal and may be appealed pursuant to subsection (g) of this section.

(A) A request for MFDR that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute.

The dates of the service in dispute include July 23, 2014. The request for medical fee dispute resolution was received in the Medical Fee Dispute Resolution (MFDR) Section on September 21, 2015. This date is later than one year after this disputed date of service. Review of the submitted documentation finds that the disputed services do not involve issues identified in §133.307(c)(1)(B). The Division concludes that the requestor has failed to timely file the dispute for this date of service with the Division’s MFDR Section. Consequently, the requestor has waived the right to medical fee dispute resolution.
 2. The insurance carrier denied disputed services with claim adjustment reason codes CAC-150 – “PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS LEVEL OF SERVICE,” and 890 – “DENIED PER AMA CPT CODE DESCRIPTION FOR LEVEL OF SERVICE AND/OR NATURE OF PRESENTING PROBLEMS.”
- 28 Texas Administrative Code §134.203(b) states, in pertinent part,
- for coding, billing reporting, and reimbursement of professional medical services, Texas Workers’ Compensation system participants shall apply the following:
- (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; ... and other payment policies in effect on the date a service is provided...” Review of the submitted documentation finds that the requestor performed an office visit for the evaluation and management of an established patient.

The American Medical Association (AMA) CPT code description for 99214 is:

Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: **A detailed history; A detailed examination; Medical decision making of moderate complexity.** Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family. [emphasis added]

The 1997 Documentation Guidelines for Evaluation & Management Services is the applicable Medicare guideline to determine the documentation requirements for the service in dispute. Review of the documentation finds the following:

- Documentation of the Detailed History:
 - “An *extended* [History of Present Illness (HPI)] consists of at least four elements of the HPI or the status of at least three chronic or inactive conditions.” Documentation found four elements of the HPI were met. This element was met.
 - “An *extended* [Review of Systems (ROS)] inquires about the system directly related to the problem(s) identified in the HPI and a limited number of additional systems. [Guidelines require] the patient’s positive responses and pertinent negatives for two to nine systems to be documented.” Documentation found one system (musculoskeletal) reviewed. This element was not met.
 - “A *pertinent* [Past Family, and/or Social History (PFSH)] is a review of the history area(s) directly related to the problem(s) identified in the HPI. [Guidelines require] at least one specific item from any three history areas [(past, family, or social)] to be documented.” The documentation does not support that any history areas were reviewed. This element was not met.

The Guidelines state, “To qualify for a given type of history all three elements in the table must be met.” A review of the submitted documentation indicates that only one element was met for a Detailed History, therefore this component of CPT Code 99214 was not supported.

- Documentation of a Detailed Examination:
 - A “*detailed* [examination] ...should include performance and documentation of at least twelve elements [of the Musculoskeletal Examination table].” A review of the submitted documentation finds that only two elements were documented. Therefore, this component of CPT Code 99214 was not met.
- Documentation of Decision Making of Moderate Complexity:
 - *Number of diagnoses or treatment options* – Review of the submitted documentation finds that there were no new diagnoses presented, but that established diagnosis was worsening, meeting the documentation requirements of limited complexity. Therefore, this element was not met.
 - *Amount and/or complexity of data to be reviewed* – Review of the documentation finds that the requestor reviewed no additional data. This element was not met.
 - *Risk of complications and/or morbidity or mortality* – Review of the submitted documentation finds that presenting problems include one chronic injury with mild exacerbation, which presents a moderate level of risk; no diagnostic procedures were ordered; and physical therapy was discussed. “The highest level of risk in any one category...determines the overall risk.” The documentation supports that this element met the criteria for moderate risk.

“To qualify for a given type of decision making, **two of the three elements ... must be either met or exceeded.**” A review of the submitted documentation supports that this component of CPT Code 99214 was not met.

Because only none of the required components of CPT Code 99214 were met, the requestor failed to support the level of service required by 28 Texas Administrative Code §134.203. Additional reimbursement cannot be recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____ Laurie Garnes _____	_____ October 6, 2015 _____
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.